



***Commonwealth of Massachusetts
Executive Office of Elder Affairs***

**LONG TERM CARE
OMBUDSMAN PROGRAM
1-800-AGE-INFO
1-800-243-4636**



CHOOSING A NURSING FACILITY OR REST HOME

This life-care decision is very significant for an elder, and he/she should be involved in selecting a facility. These are the main steps in the placement process:

1. Determining the Need for Nursing Facility or Rest Home Care

Some elders may need the services of a skilled nursing and rehabilitative facility after their hospitalization for an acute medical incident; others may need continuing care for chronic illnesses in a nursing facility; or, some elders may need protective oversight for health and safety reasons in a licensed rest home.

2. Screening to Assess the Extent of Services Needed

A consultation should be scheduled with the elder's personal care physician. The current medical evaluation can then be forwarded to the Coordination of Care Unit at the Elder Affairs' Aging Service Access Point local office nearest the elder's residence. (Call 1-800-AGE-INFO or 1-800-243-4636 for local office.)

This unit determines the need for long term care in a nursing facility. Also, an assessment may come directly from the hospital or facility currently treating the elder, and they would make a referral for the appropriate level of care at the receiving facility.

3. Assessing Nursing and Rest Homes

A visit to the facilities that provide the level of care that the elder needs should be arranged in order to observe the following:

- Administration of Facility
- Attitudes and Atmosphere
- Medical and Nursing Services
- Activities Programs
- Residents Rights and Personal Freedom
- Dietary Services
- Physical Plant and Surroundings, which include: Location and Grounds; Lobby; Hallways; Dining Room; Bedrooms and Bathrooms.

We have provided a checklist in this brochure for your convenience to use in your evaluation of facilities. Also, you may wish to consult the following websites in order to compare the annual survey data of various facilities:

www.state.ma.us/dph/qtool for the Nursing Home Report Card from the Massachusetts Department of Public Health, or
www.medicare.gov for Medicare's Nursing Home Compare site.

4. Reviewing Admissions Agreements

- Your admission contract should state what the daily room rate is and what services are covered by this amount. Also, a list of optional services and their charges should be given before admission.
- By law, a facility may not increase the daily rate for a private-pay resident without a 60-day advance written notice to the resident and his/her legal

representative.

Reviewing Admissions Agreements (continued)

- The resident cannot be asked to pay for a specified length of time as a condition for admission to a facility. However, a private-pay resident can be asked to pay a security deposit equal to one month's charges.
- It is unlawful to require a resident to waive his/her rights to Medicaid. It is important to note that conversion to Medicaid is not considered non-payment, and is not a valid reason for discharge from a Medicaid-certified facility.
- A resident cannot be asked to pay more than the Medicaid rate if he/she is eligible for Medicaid.

A Model Nursing Home Admissions Agreement may be obtained from the Executive Office of Elder Affairs by calling: 1-800-AGE-INFO or 1-800-243-4636.

5. Establishing a Method of Payment

There are three basic ways to pay for long term care in a facility:

- Private Pay Contracts;
- Insurance Plans, which include:
 - Long Term Care Insurance Policies, Health Insurance Plans, Health Maintenance Organizations, and "Medigap" Insurance Policies (offered by private insurance carriers to supplement Medicare); and
- Payment Programs, which include:
 - Medicare, Medicaid, Veterans' Benefits,

Supplemental Security Income (SSI), and
Emergency Assistance to Elderly, Disabled and Children (EAEDC).

A brief description of each of these programs follows.

Medicare: a federal health insurance program for those eligible to receive Social Security or Railroad Retirement Benefits; pays for rehabilitative and skilled nursing services in a Medicare-certified facility, after a 3-day hospital stay; pays in full for the first 20 days for all covered services in a semi-private room, and then pays for all covered services above the patient co-payment of \$105 daily (calendar year 2003 rate) for days #21 to #100, if the patient continues to need skilled nursing and rehabilitative services. (Few patients qualify for the full 100-day maximum benefit, and some do not receive 20 days of full coverage.) A new benefit period begins when the beneficiary has not received skilled nursing facility services for 60 consecutive days and has been discharged again from an acute care hospital after a three-day stay. (Medicare Customer Service number: 1-800-MEDICARE or 1-800-633-4227. Also see the website www.medicare.gov)

Medicaid: also known as **MassHealth**, a state medical assistance program based upon need, administered by the Division of Medical Assistance (DMA); pays for skilled nursing care or intermediate nursing care in a Medicaid-certified facility, at a pre-determined public pay rate. Medicaid recipients who are single may not have more than \$2,000 in assets, nor keep more than \$60 of monthly income, which serves as their personal needs allowance. In order to prevent the impoverishment of the spouse of a Medicaid recipient in a nursing home, the community spouse may keep one half of their combined assets, from a minimum of \$18,132 up to a maximum of \$90,660, for calendar year 2003. The

community spouse is also allowed to retain a monthly maintenance needs allowance from their combined incomes. For calendar year 2003, this monthly allowance ranges from a minimum of \$1,353 up to a maximum of \$2,267. Exceptional circumstances may be presented to DMA in order to increase the monthly maintenance needs allowance for the community spouse. (Medicaid Customer Service number: 1-800-841-2900. MassHealth Enrollment Centers can be reached at 1-888-665-9993. See their website at www.mass.gov/DMA)

Veterans' Benefits: a state program of assistance, administered by the Department of Veterans' Services, based on need, for Veterans, their spouses, and their dependents; pays for skilled nursing care, intermediate nursing care, or rest home care. Recipients must pay the facility all of their monthly income except for \$60, which serves as their personal needs allowance. (Veterans on an Improved VA Pension are entitled to receive \$90 monthly for their personal needs allowance.) Veterans must apply for assistance with a Veterans Agent in the municipality where they reside. (For information, call 1-877-222-8387.)

Supplemental Security Income (SSI): a federal financial assistance program administered by the Social Security Administration, for aged (65 years and over), blind and disabled people. The SSI monthly payment level in calendar year 2003 for rest home care is \$845 for aged and disabled people, and \$701.74 for blind people. Each member of a married couple in a rest home receives the individual amount for which he/she is entitled. The recipient is allowed to keep \$60 of his/her income, as a personal needs allowance, and must pay the facility the remainder of monthly income. SSI recipients are automatically eligible for Medicaid to cover medical expenses. Individuals may apply for SSI at a local Social Security Office, or call their Customer Service number at 1-800-772-

1213. See their website at: www.ssa.gov

Emergency Assistance to Elderly, Disabled and Children (EAEDC):

A state financial assistance program administered by the Division of Transitional Assistance (DTA), which pays for rest home care. EAEDC covers the public pay daily rate, and the resident receives a \$60 monthly personal needs allowance. Applicants may not have more than \$250 in assets. All income above \$60 per month is applied toward the cost of care. If the recipient meets the basic eligibility requirements for Medicaid, he/she is also eligible for Medicaid to pay for medical needs. Individuals must apply for EAEDC at a local Welfare Service Office. (DTA information and application number: 1-800-249-2007)

SUMMARY OF METHOD OF PAYMENT FOR EACH TYPE OF CARE

LEVEL OF CARE	METHODS OF PAYMENT
Skilled Nursing and Rehabilitative Care	<ul style="list-style-type: none">• Private Pay• Insurance Plans• Medicare• Medicaid
Intermediate Nursing Care	<ul style="list-style-type: none">• Private Pay• Insurance Plans• Veterans' Services• Medicaid
Rest Home Care	<ul style="list-style-type: none">• Private Pay• Veterans' Services• Supplemental Security Income• Emergency Assistance to Elderly, Disabled and Children

6. Adjusting to the Nursing Facility or Rest Home

The transition to a nursing or rest home can be eased by:

- Frequent visits by family and friends;
- Family outings as often as possible;
- Providing comfortable, washable clothing with sewn-in name tags;
- Providing the resident with writing paper, pens and stamps;
- Arranging for subscriptions to newspapers and magazines to be delivered to the elder at the nursing or rest home;
- Encouraging the resident to participate in activities programs and the residents' council; and
- Providing personal items that are important to the resident, such as pictures, favorite pillows, and furniture (where possible), to make the resident's room home-like.

Adjusting to the Nursing Facility or Rest Home (continued)

Residents may require a period of adjustment because they will be living in a new place and will be following new daily routines involving waking times and meal times. They will also need time to adjust to sharing bedrooms and bathrooms.

Many residents benefit from supportive services such as counseling and a formalized activity program. The facility staff should be made aware of the elder's special interests or hobbies during the assessment and care planning process.

7. Assuring Residents Rights

Residents of nursing and rest homes have the right:

- To be treated with dignity and respect.
- To have a safe, clean, comfortable home-like environment.
- To participate in creating their personal care plans.
- To choose a personal attending physician.

- To be treated in privacy during medical examination or treatment.
- To purchase medications or personal items from a pharmacy of choice.
- To refuse treatment or medication.
- To be free from physical and chemical restraints.
- To send and to receive their mail unopened.
- To participate in social or religious activities of choice.
- To interact with visitors of choice.
- To manage their own personal and financial affairs.
- To be notified of room or roommate changes in advance.
- To share room with a spouse, if medically feasible.
- To have a secured space, with a key, for safekeeping of small personal items.
- To present grievances to facility staff.
- To present their concerns to an ombudsman.

Assuring Residents Rights (continued)

Transfer and Discharge Rights

Residents of Nursing and Rest Homes Have The Right:

- To receive a 30-day advance written notice of transfer or discharge, which must be handed to the resident and provided to a known family member or legal representative, except when the following circumstances occur:
 - a) the health or safety of individuals in the facility would be endangered, as documented in the resident's record;
 - b) the resident's health improves sufficiently to allow a more immediate transfer or discharge, and the resident's physician documents this in the resident's record;
 - c) an immediate transfer or discharge is required by the resident's urgent medical need, and is documented in the resident's medical record by his/her attending physician; or

d) the resident has resided in the facility for less than 30 days, in which case notice must be given as soon as is practicable.

- Nursing facility residents have the right to appeal to the Division of Medical Assistance concerning a transfer or discharge. This information must be included with the advance written notice of transfer or discharge. (Division of Medical Assistance Hearings Office may be reached at 617-210-5800, or send facsimile of appeal to Fax# 617-210-5820.)
- Rest Home residents have the right to a 30-day advance written notice of a transfer or discharge, unless the transfer or discharge is an emergency.

These are just a few of your rights. For more information about Residents' Rights, please call 1-800-AGE-INFO or the Local Long Term Care Ombudsman Program nearest the elder's residence. See local program list on the following page.

MASSACHUSETTS LONG TERM CARE OMBUDSMAN PROGRAM

<u>LOCAL PROGRAM OFFICES</u>	<u>TELEPHONES</u>	<u>TELEPHONES</u>
**WESTERN MASS:	LOCAL #	ALTERNATE #
BERKSHIRE COUNTY, PITTSFIELD	(413) 499-0524	(800) 544-5242
FRANKLIN COUNTY, GREENFIELD	(413) 773-5555	(800) 732-4636
HIGHLAND VALLEY, NORTHAMPTON	(413) 586-2000	(800) 322-0551
WESTMASS ELDERCARE, HOLYOKE	(413) 538-9020	(800) 462-2301
GREATER SPRINGFIELD	(413) 781-8800	(800) 649-3641
**CENTRAL MASS:		
MONTACHUSETT, LEOMINISTER	(978) 537-7411	(800) 734-7312
WORCESTER AREA	(508) 755-4388	
TRI-VALLEY, WEBSTER	(508) 949-6640	(800) 286-6640
BAYPATH, FRAMINGHAM	(508) 872-1866	(800) 287-7284
**NORTHEASTERN MASS:		
SENIORCARE, GLOUCESTER	(978) 927-1193	(978) 281-1750
NORTH SHORE, DANVERS	(978) 624-2253	(978) 750-4540
MERRIMACK VALLEY, LAWRENCE	(978) 683-7747	(800) 892-0890
**METROPOLITAN BOSTON:		
ETHOS, BOSTON	(617) 522-6700	
GREATER LYNN	(781) 477-9618	
CHELSEA/REVERE/WINTHROP	(617) 884-2500	
SOMERVILLE/CAMBRIDGE	(617) 628-2601	
MINUTEMAN, LEXINGTON	(781) 861-0896	(781) 861-0890
SPRINGWELL, NEWTON	(617) 558-1278	
HESSCO, SHARON	(781) 784-4944	(800) 462-5221
SOUTH SHORE, BRAINTREE	(781) 848-3910	
**SOUTHEASTERN MASS:		
OLD COLONY, BROCKTON	(508) 583-1833	
BRISTOL COUNTY, FALL RIVER	(508) 675-2105	(800) 427-2101
COASTLINE, NEW BEDFORD	(508) 999-6400	
CAPE COD & ISLANDS	(508) 394-4630	(800) 244-4630 (On Cape) (800) 442-4492 (Off Cape)